

Eligibility Criteria

- Singapore Citizen or Singapore Permanent Resident / Foreigner
- Age 21 years & above
- Applicant must be Policyholder
- Policy is not CPF type or Investment linked
- No nomination has been made to the policy
- Policy must be in force and not classified under Section 73 of the Conveyancing and Law of Property Act
(For Insurance Overdraft only)

Documents Required

1. Photocopy of NRIC (front & back) or passport (for foreigners)
2. Copy of Insurance Policy
3. Copy of Benefit illustration for Insurance Premium Financing
4. Proof of Income (Salaried Person): Latest original computerised payslip AND Income Tax Notice of Assessment OR CPF statement for the past 12 months (Self Employed): Latest original Income Tax Notice of Assessment for the past 2 years (others): Rental income - Stamped tenancy agreement with remaining lease of at least 6 months.
5. Any other documents as may be requested by the Bank at its sole discretion

Important Information

You are required to open a Current account with the Bank for the servicing of your Insurance premiums. Prevailing account charges apply.

NOTE: Notice of Assessment can be printed via mytax Portal at <https://www.mytax.iras.gov.sg>

If you wish to have a free credit report, you may obtain it within 30 calendar days from the date of approval or rejection of this application via the credit bureau website listed below. Alternatively, you may bring the approval or rejection letter and your NRIC to the following credit bureau's registered office to obtain a free credit report from Credit Bureau (Singapore) Pte Ltd: www.creditbureau.com.sg

RHB Insurance Overdraft Request

Loan Details

Amount & currency of loan required	Policy cash value \$
Name of insured	Name of beneficiary

Policy Details 1

Name of insurance company	Policy no
Type of policy <input type="checkbox"/> Regular Premium <input type="checkbox"/> Single Premium <input type="checkbox"/> Endowment <input type="checkbox"/> Universal Life Premium <input type="checkbox"/> Others (please specify)	
Date of policy	Policy effective date
Sum assured \$	

Policy Details 2

Name of insurance company	Policy no
Type of policy <input type="checkbox"/> Regular Premium <input type="checkbox"/> Single Premium <input type="checkbox"/> Endowment <input type="checkbox"/> Universal Life Premium <input type="checkbox"/> Others (please specify)	
Date of policy	Policy effective date
Sum assured \$	

Assignor's Personal Details

Name Dr Mr Miss Mrs Mdm

NRIC/Passport number

Nationality

Date of birth Gender Male Female

Nationality Singaporean Singapore PR Other Please specify

Highest education level attained Higher degree/Professional qualification Degree Diploma
 'A' Level Other Please specify

Marital status Single Married Divorced Widowed No. of dependants

Main applicant's initial

Sign here

Assignor's Personal Details (Continued)

Home address

Home address (continued)

Country Postal code

Mailing address (within Singapore if different from above) Same as registered address

Mailing address

Mailing address (continued)

Country Postal code

Ownership type Mortgaged Self-owned Parents'/Relatives' Employer's
 Other

Rented

Residential type HDB EC Condo/Apt Terrace Semi-D Detached Shophouse
 Office Others

Contact numbers (please provide at least 2)

Home	+ <input type="text"/>	- <input type="text"/>	<input type="text"/>
Office	+ <input type="text"/>	- <input type="text"/>	<input type="text"/>
Mobile	+ <input type="text"/>	- <input type="text"/>	<input type="text"/>
	Country code	Area code foreign numbers	Contact number

Email

Assignor's Employment Particulars

Name of current employer

Occupation

Address of employer

Country Postal code

Job status Salaried Self-employed Others

Industry type

Gross monthly salary: S\$ Other monthly income: S\$

No. of years in service years months

Name of previous employer

No. of years in service years months

Main applicant's initial

Sign here

Financial Commitments (where applicable)

Credit facility (inclusive of RHB Bank accounts, if any)

Bank	Type of facility^	Security (if any)	Approved limit	Outstanding balance	Monthly payments

^ Housing loan / Personal loan / Car loan / Renovation loan

United States Of America Foreign Account Tax Compliance Act (FATCA) Declaration

Questionnaire on U.S. Indicia

Do you possess any of the following U.S. indicia? Please select accordingly:

	Main applicant
1 U.S. citizen/tax resident? (U.S. Passport/Green Card Holder, U.S. Taxpayer, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 U.S. place of birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 U.S. Address (Residence/Mailing/P.O. Box?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 U.S. Telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Standing instructions to pay amounts from this account to an account maintained in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: a) If answer to Q1 is Yes, please complete and provide Form W-9

b) If any answers from Q2 to Q5 is Yes, please complete and provide Form W-8BEN

I hereby confirm I understand the FATCA requirements. I hereby declare that I am:
(Please tick one box only)

Main Applicant

- Non-U.S. Individual with no U.S. indicia
 Non-U.S. Individual with U.S. Indicia (provide Form W-8BEN)
 U.S. Individual (provide Form W-9)

If there is any update to the account information/FATCA status, I hereby agree to notify and furnish RHB with the relevant documentary evidence within 30 days of such change. I consent to and authorize RHB to perform any of the following, if applicable:

1. Withhold any applicable payments in the account
2. Report or disclose all relevant information relating to or arising from the account
3. Terminate (with prior notice) my/our contractual relationship(s) with RHB

NOTE: You may refer to the FAQs on the FATCA requirements that is available at www.rhbgroup.com.sg

Main applicant's initial
Sign here

Declaration and Authorisation

1. I hereby declare that I am not a bankrupt and that no statutory demand has been served on me.
2. I confirm that all information contained herein and submitted for documentation are true, correct and complete and I have not withheld any information that may prejudice my application.
3. I authorise you or your representative to verify information relating to this application from any source without reference to me.
4. I hereby agree to provide any additional information and supporting documents from time to time as required by the Bank.
5. I agree to the collection, use and disclosure of the information provided herein and any other information provided to or obtained by the Bank from time to time for the purposes as set out in the Bank's Terms and Conditions Governing Accounts and the respective products.
6. I agree and acknowledge that the approval of this application is at the Bank's sole discretion and that the Bank may decline this application or specify a lower quantum of loan than that specified in the application without giving any reason whatsoever.
7. I hereby agree that RHB Bank may at its own discretion send by ordinary mail or such other means any approval letter, cheque(s) issued in disbursement of the loan, and all other documents to any of my address(es) on RHB Bank's records at my sole risk.
8. I hereby agree to be liable for all out-of-pocket expenses and / or charges incurred in relation to my application even though my application may not be approved.
9. I hereby agree to be bound by the RHB Bank's Standard Terms And Conditions Related To Credit And or Banking Facilities Granted To Individual (a copy of which is available at any of the RHB Bank Branches in Singapore or at the website www.rhbgroup.com.sg).

I would like to receive from time to time information, updates, special offers and or promotions in relation to products and or services provided by or through RHB Bank Berhad, Singapore (RHB), through: (Please tick accordingly)

Voice call SMS/MMS

Signature of Main Applicant

Signature

Please sign here as you would for all future RHB Bank transactions

Date

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For Official Use Only

Date 2 0

Employer industry code Occupation code

Name of sales officer

Referral fee applicable (Y / N*)

Delete where applicable

Product / Credit facility Credit limit (\$'000)

Interest rate (%) Review date MOA (%)

Security:

Comments

Recommended By

Name

Title

Date 2 0

Comments

Recommended By

Name

Title

Date 2 0